

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM		Application Number		10/528,880	
		Filing Date		(Int.) September 2, 2003	
		First Named Inventor		Matti SIREN	
		Title		COATED STENT	
		Art Unit		1615	
		Examiner Name		C. E. Helm	
		Attorney Docket No.		514862007400	

I hereby revoke all previous powers of attorney given in the above-identified application.
 I hereby appoint:

☒ Practitioners associated with the Customer Number: 20872

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ Firm or Individual Name

Address

City	State	Zip
Country	Telephone	Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date
<i>Matti Siren</i>	14.4.08
Name	Telephone
PONTUS SIREN	318 50 577 1816
Title and Company Bioneris AB	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.